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ABSTRACT

Psychic battering can be defined as a continual condition of conflict-inducing happenings. In some professions that are high in psychic battering, mechanisms for accommodating battering are reinforced over time and become ingrained into the personality's modus operandi. A police officer can develop a conditioned emotional response which has as a main feature "professional protective emotional suppression (PPES)." Professional protective emotional suppression is a mental process of emotional containment which is necessary to help a person to hold together under psychic battering. Alcoholism is a disease of emotional suppression, treated by cathartic release and resolution of feelings, notions certainly opposite to professional protective emotional suppression. The recovering alcoholic police officer is suffering from the disease of alcoholism and from PPES. In the treatment of alcoholic police officers, police organizations and supervisors within the organizations need to be aware of the recovering officer's needs. Individual or group counseling with a non-psychiatric addiction treatment specialist who understands PPES is highly desirable. (Author/ABL)

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The Recovering Alcoholic Police Officer and the Danger of Professional Emotional Suppression

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The Recovering Alcoholic Police Officer and the Danger of Professional Protective Emotional Suppression

ABSTRACT

A police officer exposed to psychic battering develops a conditioned emotional response which has as a main feature "professional protective emotional suppression" (concept original to this study). Professional protective emotional suppression is a mental process of emotional containment which is necessary to help a person to "hold together" under psychic battering. Alcoholism is a disease of emotional suppression, treated by cathartic release and resolution of feelings, notions certainly opposite to professional protective emotional suppression.

This clinical treatise discusses the danger of professionally-conditioned suppression to a police officer recovering from alcoholism, explaining the dangers and difficulties, but more importantly, making specific recommendations for resolution of this dilemma by intelligent employee assistance program and supervisory/managerial assistance efforts.

AUTHOR

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Dr. Machell is also an active author having published numerous articles in his speciality areas, such as *Deprivation in American Affluence: The Theory of Stimulus Addiction, Fellowship as an Important Factor in the Residential Treatment of Alcoholism, The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic,* and *The Recovering Alcoholic in For-Profit Alcoholism Treatment Salesmanship: A Psychological Risk*. His published Fordham University doctoral dissertation is titled, *Belongingness-The Critical Variable in the Residential Treatment of Alcoholism*.

The Recovering Alcoholic Police Officer and the Danger of Professional Protective Emotional Suppression

Psychic battering can be defined as a continual condition of conflict-inducing happenings. The human psyche has an enormous capacity for accomodating psychic battering and there is much evidence of the human mind's ability to accomodate these happenings. Some of these accomodation mechanisms are temporary, lasting only as long as the psychic battering occurs, but in some professions that are high in psychic battering, these mechanisms are reinforced over time and become ingrained into the personality's ritualized modus operandi.

Police Officers belong to a profession which is commonly viewed as a profession high in psychic battering: at one end of the spectrum, violence and fear and at the other end, monotony and inactivity, both extremes are difficult and may be conflict-inducing.

This paper is a clinical treatise which discusses the police officer's process of emotional self-protection which this author has called professional protective emotional suppression (PPES). This is followed by an explanation of how the manifestation of this professional role can be a major obstacle to the recovery effort of the alcoholic police officer. This discussion will end with some specific recommendations for resolution of this dilemma by intelligent employee assistance program and supervisory/managerial assistance efforts.

<u>The Creation of Professional Protective Emotional Suppression (PPES)</u>

PPES, as indicated, is a conditioned and reinforced over time collection of defense mechanisms, created by several dimensions of emotional response. The officer over time develops this response out of what he/she emotionally brought into the work and added to, by response to the workplace environment. As sedimentary rock forms by layers throughout the years, a layer of suppression material forms and hardens, sometimes to harden like the rock in this analogy. PPES is an emotional response which displays as a main feature suppression of feelings: the holding in of feelings and the denial and/or the lack of awareness of their existence. This process has various levels of creation as indicated in Figure 1.

[Insert Figure 1]

1 Emotional Intrapersonal
2 Cognitive Intrapersonal
3 Interpersonal; E&C
4 Societal Norms
5 Cultural/Ethnic Norms
6 Societal Role Expectations
7 Realistic Stress Producers (Psychic Battering)

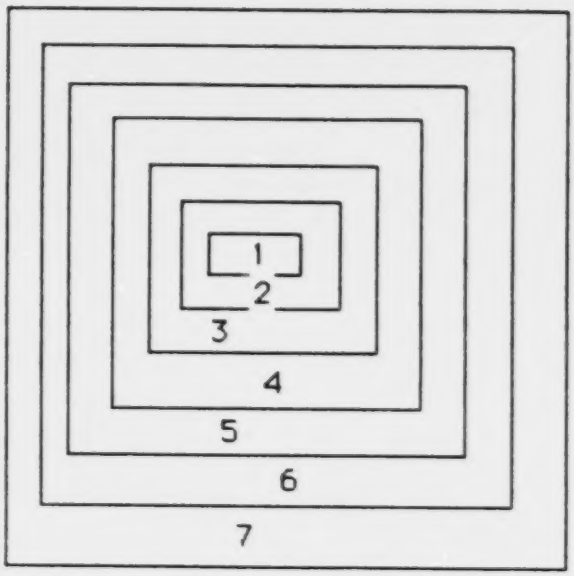

FIGURE 1

ANATOMY OF STRESS

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PSYCHO-PATHOLOGY

These emotional features combine to create the reason that police officers are so susceptible to various emotional disturbances, such as depression, alcohol/drug abuse, interpersonal/relationship problems, suicide, etc. The PPES compounds the problems of the recovering alcoholic in law enforcement intensely and may neccessitate his/her departure from the profession in order to recover. The dimensions of PPES are as follows:

1. Emotional Intrapersonal- This dimension constitutes feelings that we have for ourselves. Some persons, because of influences in early life, may have low levels of self-esteem. These individuals may strongly need a professional role to ensure self-worth and may utilize it consistently over time without lowering the role to adapt to other life circumstances. They may find themselves responding to all life circumstances "as a cop."

2. Cognitive Intrapersonal- a self-belief system created from early life of how a person perceives himself/herself with respect to their realities. As example, a perception of ourselves as "not talented," as not worthy of affection without achievement, might create an adult worker who confuses affection and achievement, and because their professional role does give feelings of achievement, the person feels as nothing without their role as their major achievement vehicle (Ellis, 1982).

3. Interpersonal- a person's fluency or non-fluency in the process of social interaction can be important in contributing or diminishing stress in life. A person with low social fluency may gain comfort by being concealed by the facade of their role. This low fluency may have an emotional dimension (I don't feel comfortable in a social setting) and a cognitive dimension (I don't see myself fitting in this social context!). They may then only be comfortable with persons of the same role, which further consolidates and reinforces their role dependency.

4. Societal Norms- a person's perception of their society may indicate that men are macho, and police officers are the ultimate of macho! A role consolidated by *shoulds* and *musts* !

5. Cultural/Ethnic Norms- the person may be affected by their cultural/ethnic/racial heritage by the reinforcement

of a tradition of passive suppression of feelings, for example.

6. Societal Role Expectations- the person may perceive that the police officer is expected to behave and respond in the ultra-perfectionistic manner: a "Dirty Harry," emotionally cool and emotionally unresponsive!

7. Realistic Stress Producers (Psychic Battering)- the Police Officer does experience a continual condition of conflict-inducing happenings. Often the person will use the defense mechanism of denial to put these happenings "out-of-mind" in order not to interfere with the functioning of the person's cherished and possibly desperately needed role function. The denial suppresses memory of these experiences and the feelings associated with them.

The seven dimensions indicated above may come together to create in the police officer a ritualized suppression of feelings which has developed in the person throughout the years and during the professional years in law enforcement (See Figures 2 and 3).

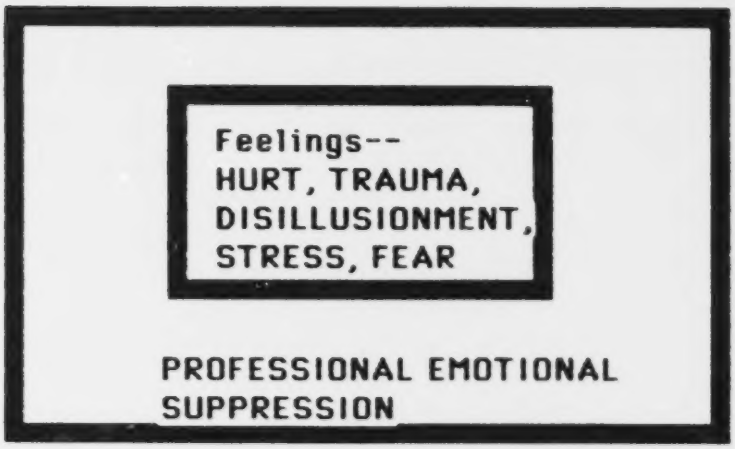
[Insert Figures 2 and 3]

As previously indicated, this author refers to this ritualized suppression as professional protective emotional suppression or PPES. PPES is a common phenomenon in police officers and other professions where deep role immersion is a common process, such as in physicians, clergy, etc.; all with slight variations to the seven dimensions, of course.

It should be noted here, that PPES does not indicate a psychological disturbance. It possesses a positive aspect in that it offers a defense process to help the person to disregard and disown potentially hurtful stimuli from the environment, but it does simply indicate a personality style of possibly extreme limitation of emotional expression and investment. PPES will make the person more vulnerable to psychological disturbance and in the case of a person who contracts such a disturbance, such as alcoholism, may make the pathology more complex and difficult to treat adequately.

Before we discuss the complexity of a PPES person with alcoholism, this next section will discuss alcoholism as a disease of suppression.

FIGURE 2


Feelings--
HURT, TRAUMA,
DISILLUSIONMENT,
STRESS, FEAR
PROFESSIONAL EMOTIONAL
SUPPRESSION

WHY SUPPRESSION?

EMOTIONAL EXPRESSION=
Contrary to Established Belief & Feelings Systems, reinforced over time by 1-6
(SEE FIGURE 1)

FIGURE 3

A Disease of Feelings Suppression

The alcoholic throughout his/her drinking life has held feelings within self. These feelings have been medicated by the use of alcohol. In Figure 4, in the inner ring, is listed some of these common internally suppressed feelings.

[Insert Figure 4]

These feelings not expressed and not resolved, create a state of high internal anxiety, high fear levels, internal feelings of lack of worth, thanatos or self-disgust dominancy, feelings of intense uneasiness about self-controls, and feelings of little control over life determinations (see Figure 5, outside of rings) (Machell, 1984).

[Insert Figure 5]

The alcoholic tries to numb his/her self emotionality by alcohol usage, but also creates some behavioral compensation expressions: behavioral mechanisms which help to deceive self, thereby protecting self from feelings of fear and inadequacy. A person, for example, who has experienced hurt at one point in time and has not resolved this feeling, may create an anger mechanism to ward off any further possibility of hurt. A person who feels unsure of self may create a mechanism of charm so that others will "like them" and offer reassurance and positive response. Figure 4 and 5 indicates in the outer ring these examples and these other compensation expressions:

Grandiosity- if a person feels inadequacy internally, it is very often helpful to create a comforting dream-like view of self, bigger than life.

Delusion- reality can be painful and necessitates self-learning, unless a person denies the reality and changes it in their own perception to conform to their own convenience.

Aggressiv[illegible]ss- a forceful demeanor will mislead others as to the a[illegible]'s true emotional situation, and will also support the [illegible]c's deluded conviction that everything is fine!

Righteousness- portraying uprightness conceals internal turmoil and again offers more self-deception material, usable in undoing reality.

Compulsive-Obsessiveness- the internally suppressed energies contribute to high levels of anxiety, which fosters emotionally-induced behavioral responses and possibly

FIGURE 4 ADDICTION A Disease of Emotional Suppression

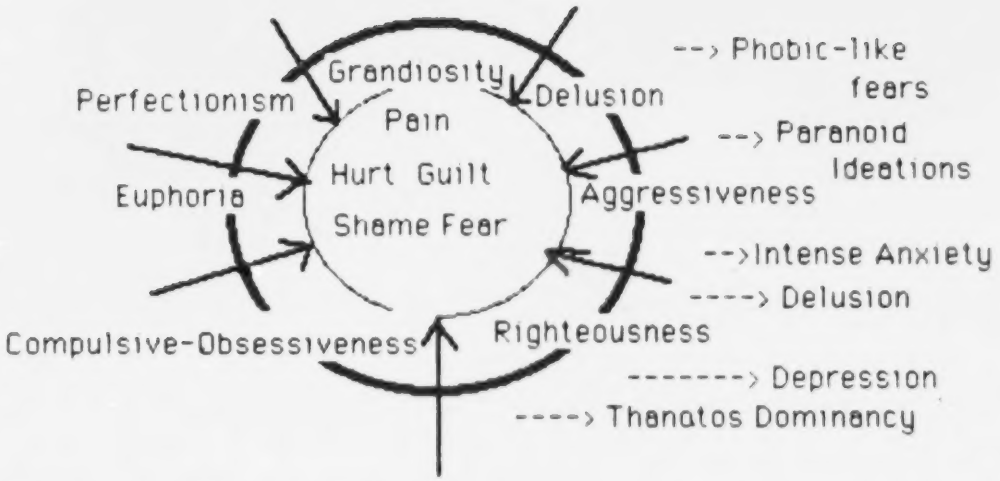


FIGURE 5 Emotional Disturbance from Suppression

frantic exertions of these energies, such as frantic work investments.

Euphoria- internal uneasiness can be denied by external gestures and expressions of "upness:" the true feelings again denied to self and others.

Perfectionism- a person who feels uncertain of internal controls will compensate by insisting that all externals of self and others be in complete order and up to the highest standards and expectations. The externals to appease the internals! (Machell,1987)

Combining the Concept of Professional Protective Emotional Suppression (PPES) and the Disease of Suppression

The recovering alcoholic police officer is suffering from the disease of alcoholism and PPES (See Figure 6).

[Insert Figure 6]

The Officer will need to diminish the tendencies of suppression of their alcoholism and their professional role and development. This complicates the treatment efforts substantially, and makes the health-inducing process more likely to fail: while the treatment effort is helping to diminish the suppression, the professional work involvement reinforces it. As previously mentioned, alcoholic police officers often need to leave law enforcement work in order to recover. Alcoholic officers unable to recover may be extremely prone to suicide. The alcoholic in recovery must learn to realize and freely express feelings to increase feelings of natural release, ease, and relaxation (See Figure 7).

[Insert Figure 7]

Catharsis or release of pent-up energies/anxieties, is an important ingredient in good mental health; containment or suppression contributes to the mental maladies as indicated in previous sections of this paper. In the treatment of alcoholism, involvement in a cathartic process is vital.

Recommendations and Conclusion

In the treatment of the alcoholic police officer these recommendations/issues should be followed:

1. Police Organizations need to realize that alcoholics in early recovery may react to their work/career responsibilities excessively and completely. The supervisor will recognize that

FIGURE 6 ADDED COMPLICATION: The Professional Role

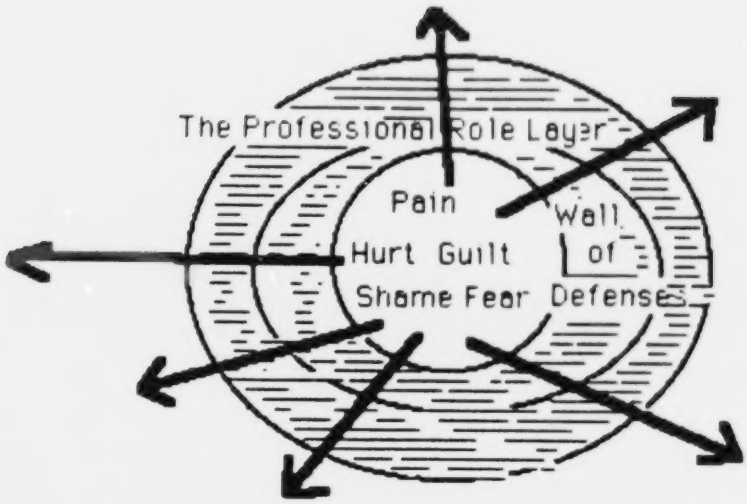


Figure 7 Treatment for a Disease of Suppression

an Officer returning from formal treatment may show intense interest in their work tasks, but may not realize what the employee is emotionally experiencing. The intense compulsive-obsessive energies of the newly recovering person will camouflage the real problem issues; again behavior which denies the feelings beneath.

2. Supervisors on all levels should receive some training workshops in understanding alcoholism and drug addiction, especially the psychological aspects of these diseases.

3. Supervisors should be sensitive to the needs of their recovering employees and should receive coaching and advice from an addiction employee assistance counselor whenever possible.

4. It is important in the vast majority of cases that the newly recovering person be actively involved in Alcoholics Anonymous.

5. Individual or group counseling with a non-psychiatric addiction treatment specialist who understands PPES is highly desirable. Often departments employ recovering, counseling-trained police officers in counseling roles. This may be an effective plan depending on the training, personality qualities, and psychological health of the person. Peer police counselors with a trained and informed therapist may be another alternative. It should be noted here that great care should be taken in the choice of the right counselor/therapist. In the mental health fields there is an immense lack of understanding and empathy with respect to addicted persons. In choosing a recovering person as a treatment professional, psychological health needs to be scrutinized very carefully. Most recovering treatment professionals should be actively involved in AA in order to not allow the disease properties of clients to have a corrosive effect on their own recoveries. Of course, all treatment

professionals would gain from therapeutic relationships outside of their work, especially if they are immersed in work with highly delusional persons.

6. Some alcoholism outpatient treatment programs may offer police officer groups which have been shown to be very effective in keeping the PPES complexity issues to a minimum and the person focused on reality in a non-delusional way. If appropriate arrangements cannot be made with area agencies than the law enforcement organization should internally initiate this process, if not by itself than collaboratively with other area departments. Police officers need to be offered a treatment setting with their professional peers, in order not to ignore the PPES problem.

Alcoholism is a treatable disease and many organizations nationwide deserve praise for their willingness to help their employees.

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